Doc Code: PET.POA.WDRW

Document Description: Petition to withdraw attorney or agent (SB83)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT **AND CHANGE OF CORRESPONDENCE ADDRESS**

| | Application Number | 09116537 | | |
|--|------------------------|-----------------|--|--|
| | Filing Date | 7/16/1998 | | |
| | First Named Inventor | Lindaman, Glenn | | |
| | Art Unit | | | |
| | Examiner Name | | | |
| | Attorney Docket Number | D5050-00053 | | |

| To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | | | | | | | | | | |
|---|---|--|-----|--|--|--|--|--|--|--|
| Please withdraw me as attorney or agent for the above identified patent application, and | | | | | | | | | | |
| all the practition | all the practitioners of record; | | | | | | | | | |
| the practitioners | the practitioners (with registration numbers) of record listed on the attached paper(s); or | | | | | | | | | |
| the practitioners of record associated with Customer Number:08933 | | | | | | | | | | |
| NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number. | | | | | | | | | | |
| The reason(s) for this | request are those described in 37 CFF | R: | | | | | | | | |
| 10.40(b)(1) | 10.40(b)(2) | 10.40(b)(3) 10.40(b)(4) | | | | | | | | |
| 10.40(c)(1)(i) | 10.40(c)(1)(ii) | 10.40(c)(1)(iii) 10.40(c)(1)(iv) | | | | | | | | |
| 10.40(c)(1)(v) | 10.40(c)(1)(vi) | 10.40(c)(2) 10.40(c)(3) | | | | | | | | |
| 10.40(c)(4) | 10.40(c)(5) | 10.40(c)(6) Please explain below: | | | | | | | | |
| Petitioner's client, BuckWing Products, Inc., has advised the undersigned that it is no longer in business and that its principal has declared bankruptcy. | | | | | | | | | | |
| | | ications | | | | | | | | |
| Check each box belo be approved. | ow that is factually correct. WAR | RNING: If a box is left unchecked, the request will likely | not | | | | | | | |
| 1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment. | | | | | | | | | | |
| 2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled. | | | | | | | | | | |
| 3. | | | | | | | | | | |
| Please provide an explanation, if necessary: | | | | | | | | | | |
| | | | | | | | | | | |

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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

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| Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71. | | | | | | | | | | | |
| Change the correspondence address and direct all future correspondence to: | | | | | | | | | | | |
| A The address of the inventor or assignee associated with Customer Number: | | | | | | | | | | | |
| OR . | | | | | | | | | | | |
| B. Inventor or Assignee name BuckWing Products, Inc., c/o Glenn Lindaman, President | | | | | | | | | | | |
| Address 10 Madison Lane | | | | | | | | | | | |
| City White | ehall | State PA | Zip | Zip 18052 | | | Country US | | | | |
| Telephone | 484-357-900 | 7-9008 E | | nail glindaman@yahoo.com | | | | | | | |
| I am authorized to sign on behalf of myself and all withdrawing practitioners. | | | | | | | | | | | |
| Signature | Signature /Stephan P. Gribok/ | | | | | | | | | | |
| Name | Stephan P. Gri | bok | | Registration No. 2 | | No. 29 | 9643 | | | | |
| Address Duane Morris LLP (IP Department); 30 South 17th Street | | | | | | | | | | | |
| City Phila | adelphia State PA | | Zip | Zip 19103-4196 | | Country US | | | | | |
| Date | February 13, 2009 | | Tele | Telephone No. 215-979-1283 | | | | | | | |
| NOTE: Withdrawal is effective when approved rather than when received. | | | | | | | | | | | |

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